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ORIGINAL DEPARTMENT.

Lectures.

LECTURES ON CHOLERA.

BY PROF. ALONZO CLARK, M. D.

(Being a full synopsis of Lectures on Cholera, recently delivered at the COLLEGE OF PHYSICIANS AND SURGEONS, New York, and specially reported for the MEDICAL AND SURGICAL REPORTER.)

V.

Portability.—Quarantine.—Mortality.

The disease, as was stated in the last lecture, remained epidemic in New Orleans during the whole winter of 1848-49, the rate of mortality being from 300 to 400 in December, about 600 in January, 300 in February, then a smaller number, and increasing again until June, when the number of deaths was about 2500. Meantime, the disease had ascended the river and appeared in St. Louis in January.

The ship "New York" came to the harbor of New York, and here the disease became epidemic on the quarantine grounds. About one-half of the cases which occurred in the quarantine hospital were emigrants who had been detained from the "New York," and the other half other sick in the hospital. During winter, the disease seemed to die out. But in the spring, other ships arrived, bringing emigrants with cholera. On the 11th of May, the first case occurred in the city; it soon became epidemic and spread, reaching the larger cities, as usual, on the lines of travel.

The history of the disease in 1854 was analogous. During the latter part of 1853, cholera was brought to Liverpool, and during the winter it prevailed more or less extensively throughout England. In the fall, ships arrived in great numbers with sick, for instance, in October, 28 ships with 1141 cases. This time, however, the disease did not make its first appearance in New York. The first appearance of it was in Chicago, during the latter part of April, among recently arrived emigrants; then, on the 16th of May, in Detroit. During this month, but one case oc-

curred in New York. But in June, it became epidemic here, thence proceeding again along the lines of travel. There seems little doubt, from what has already been stated, that the poison may be carried in the baggage of vessels and of passengers.

An emigrant-ship arrived from Liverpool, in 1843, at one of the West India Islands, with cholera; the whole island became affected. A similar observation was made last year in regard to Guadaloupe. All this shows that the cholera-poison can be transported, and whichever view we entertain, as to whether it be contagious or not, there can be no doubt regarding its transportability.

The question next comes up whether it can be excluded by *quarantine*. In Europe, the general impression has been that it cannot. But still there are not a few instances which tend strongly to show that it may. On the Volga there is a settlement of Moravians, people who are proverbially of clean and good habits. During three several epidemics of the whole surrounding country, this settlement was left untouched. In addition to their salubrious habits they had a perfect system of quarantine. It seems to be plain, from the mode in which the disease has been brought to this country and spread, that it may be stopped. We can well enough believe that although an epidemic atmosphere may exist, there may be protection under conditions which prevent the extension of the miasm. Experience has already shown that cholera may appear on quarantine grounds and prevail there, but not extend. It is pretty clear that if New York had no commerce, it would have no cholera; but then, if it had no commerce, there would be no New York. The facts regarding the transportability of cholera have thus been fairly stated, and you can all draw your own conclusions. The question, how far the poison or miasm of cholera can be carried in the atmosphere, is one which is to be considered in the location of quarantines and their distance from populated neighborhoods. It seems probable that this distance is not very great.

Will cholera appear in this country during this spring and summer? This question has often

been asked me. I have uniformly answered, I do not know. There are some peculiarities which it is necessary to consider in this connection. In every instance before, the disease has been lingering in commercial towns of Europe during the winter preceding its occurrence here. But, so far as we know, this has not been the case this winter; neither from London, nor Hamburg, or other seaports, do we hear of its existence this winter. Again, visitations hitherto seem to have proceeded regularly from Central India. The European epidemic of 1832 first commenced in Central India in 1817, travelling slowly onward. The epidemic of 1848-49 commenced its march from the Delta of the Ganges in 1844—taking a low northward progress; generally the diseases reached London, or England rather, from Hamburg. This year, the epidemic began with caravans of pilgrims from Mecca, thence travelled to Egypt, the Mediterranean, affecting Marseilles, and finally Paris. But at present there seems to be, from all we can learn, no epidemic in England. So far the analogy between the present epidemic and those of former years does not hold good. We do not expect it to reach this country at all, if not brought here from English or German ports. The argument, then, regarding the probability of an invasion of the epidemic during the coming season, is not complete, and hence it is impossible to say whether it will come or not. If there should be, however, a new outbreak in Europe, then the chances are decidedly that we will have it.

Let us now turn to some other points of interest,—the *circumstances increasing the mortality of the disease.*

Insalubrity is first among these. Filth, neglect of privies and cesspools, impregnation of the soil by decaying refuse animal and vegetable matter; want of cleanliness, in one word, constitutes a circumstance favorable to increased severity and mortality of the epidemic. A few instances will suffice to illustrate this. Dr. Hous-ron, in the paper already alluded to, states that in the spring of 1833, the market square in the city of Wheeling was in a state of unprecedented filth; the mud, the sweepings of the market, and other impurities, had accumulated to the depth of several inches over the whole square. This dirt was gathered into heaps and carted to the edge of the river bank, just two and a half squares and the breadth of a street from the end of the market-house. The wind, at the time, blew directly in a line from the pile of dirt to a thickly settled part of the town. Between midnight and daylight of the next morning, nearly

every member of two families, living in the nearest house, was seized with cholera, and three or four of them died. Others in the neighborhood were taken at the same time, whilst all the houses fronting on the market square became the abode of a most fearful malady. Another instance may illustrate the same point. At Wakefield, in England, there are three prisons in one enclosure. One of the three prisons is near a sluggish stream, on flat ground; the drains of the building run under it, and the water from the stream runs at times back into the drains, and the soil thus becomes infiltrated by noxious fluids; ventilation also is defective. In the other two prisons the opposite conditions are to be found, the ventilation being good, the drains outside. Cholera prevailed extensively in the former, hardly in the latter. Whatever be the cause of cholera, by insalubrious and foul emanations it is intensified. Occasionally exceptions may occur, but as a great practical fact it remains, that those parts of towns and those regions of country are mostly affected by cholera, where least attention is shown to cleanliness, etc., and the laws of health generally.

Insufficient ventilation and overcrowding, form another circumstance which favors the violence and mortality of the disease. Dr. HANBURY SMITH, formerly of Cincinnati, reports in the account of an epidemic in that city, that there was one frame building, which was inhabited by thirty-two persons. Eight of the inmates were boarders, and occupied four rooms,—two in a room. The rest were crowded together, from eight to five in a small room. Cholera appeared, and of the twenty-five, *twenty-three* died; of the boarders, who were less crowded, not one was attacked. This case is certainly an illustrative, exaggerated fact of the influence of overcrowding.

The *quality of the water* used for drinking purposes, is probably one of the agents which increase the vehemence and mortality of cholera. The history of Paris seems to illustrate this. The water there is impure at all times, having generally on strangers a laxative effect. The water of the Mississippi valley acts very similarly; not that we assume the existence of any special poison in the water, but simply to state that whatever produces irritation of the bowels predisposes to the disease, and renders its attacks more severe and fatal. Dr. WATSON relates the case of a public institution in which the water of an artesian well was used; the district was a very unhealthy one, but when cholera appeared, though it was all around the walls of the institution, none of the inmates, to the number of seven

hundred, who used the water from the artesian well, were attacked.

It would seem that elevation has some influence on its prevalence, if not mortality. As a general fact, it is stated that the higher parts of London are least affected. But here it must be taken in consideration that the higher parts are inhabited by the better classes, more cleanly, and less crowded. It does not seem that elevation alone will prevent it, if its other causes are present. In its general geographical relations, however, it is true that mountainous regions usually escape. There are large regions which have never been visited by the disease; it has not been epidemic in Vermont, nor in New Hampshire, except the seaports, and very little in the interior of Massachusetts. Occasionally it is noticed to ascend to considerable height. Dr. NICHOLAS PARKER has noticed it eight thousand feet above the sea at Langar.

Can the poison be blown about by the wind? Dr. BRYSON found it on the English fleet, when several miles from shore, after a cruise of some duration, and before any communication had been had with the shore. In other cases it had been noticed that vessels would become infected at anchor in harbor, when the wind blew from the shore, or from other affected vessels. It is probable that it may be carried a short distance by the wind—but not a long distance, as the poison soon becomes so much diffused as to lose its power. In cities it is difficult to trace any influence from the wind. On the contrary, the absence of wind, a calm, during the season of 1832, rather seemed to increase its mortality. An important fact in this connection, is the march of the disease from India to Bombay, which was accomplished in the face of a violent monsoon blowing day and night in the opposite direction; so also in its march down Bengal, it seemed to travel with greater rapidity when the wind was opposite, than when it was in its favor.

The results of observations regarding the influence of rain-falls, and of barometric pressure upon cholera, are as yet uncertain, and nothing is fully established.

In regard to the period of incubation, it is various, though as a rule it is very short. Dr. GULL puts it down from a few hours to six days.

In regard to the time of attack, no one but Dr. HUTCHINSON seems to have paid much attention to this. He found the period in 79 cases as follows: 55 were attacked between the hours of 1—12, A. M.; 24 between the hours of 1—12, P. M.; that is, two-thirds were attacked in the morning hours. Of the fifty-five attacked in the

morning hours, 10 were attacked between midnight and 4 o'clock, 45 between 5 and 12 o'clock, A. M. The time of death in 73 cases was—46 between 12, M., to 12, P. M.; 27 from 1, A. M., to 12, M. The duration he found to average 54.83 hours;—the shortest period of recovery observed being 16 hours;—48 hours was the average period of duration of fatal cases.

The rate of mortality among those who are attacked it is difficult to obtain, as the reports of fatal issues differ in a most extraordinary manner. Taking the large reckoning, however, we shall probably be obliged to say that about one-half of those attacked die. Drs. SPINNER and GERHARD, of Philadelphia, who were in Paris during the epidemic of 1832, report that of 97 cases in the Hôtel Dieu 96 died; and they add, that all the principal hospitals nearly equalled this. At other times, smaller reports are more favorable. The mortality in private practice, too, has been remarked to be much lower than in hospitals and public institutions. Some statistics may be interesting.

It appears from the returns, that in France, during 1832, the number of those attacked by cholera was 230,000; of these 95,000 died, or 1 in 2.42.

The mortality among those attacked during the same epidemic was,—

At Quebec,	1 in 2.50
" Montreal,	1 " 2.50
" New York,	1 " 2.
" Philadelphia,	1 " 2.50

The statistics of the number of attacks, and rate of mortality to the whole population in London in 1832, (GULL) was:

Rate of whole number of persons attacked to population,	37 in 10,000
Number of deaths, do.	9 in 10,000

This is low, but we must take in consideration that London has really never been very severely afflicted with the epidemic, and that it boasts of being the best governed city, as far as cleanliness and attention to sanitary rules are observed.

During the epidemic of 1848, the rate of the number attacked to the population was 61 in 10,000. Rate of mortality do. 22 in 10,000.

In St. Louis, in 1849, the rate of whole number of persons attacked to the population was 535 in 10,000. Rate of deaths do. 212 in 10,000.

In New York, during the same epidemic, the rate of whole number of cases was 112 in 10,000; and the rate of mortality is stated at 58 in 10,000; but this latter is undoubtedly too low, and should probably be placed at about 70 in 10,000.

Regarding age and sex, cholera seems to respect neither. During 1849, the deaths from cholera in all England are reported at 26,000 males, and 27,000 females; and of the diarrhoea, which prevailed as extensively as the epidemic approached, there are reported to have died 9500 males, and 9200 females.

Regarding age, there is an opinion that the extremes of life are exempt. But on closer inspection this does not seem true. In early life the poison does not seem to produce cholera in its violent form, but gives rise to an uncontrollable diarrhoea, of which the little patients die, and which is due to the same poison. Advanced age, instead of exempting from the disease, rather exposes to its invasion; or at least renders an attack more dangerous.

During the epidemic of 1849 in England, according to Dr. GULL, of 100 persons living, there died of the disease, including the cholera diarrhoea, at the age of, under one year, 1; from this age to 10 years it diminished markedly, the rate being only one-fifth of the former; from that it increased gradually up to the last age of life; being at 10 years, 1.44; at 45, 5.88; at 65, 9.31; then at 75, 1.87; at 85, 1.227. Thus it is observed that there is a steadily increasing proportion of deaths to the number of persons living, as age advances, from 10 years up to 85.

Another statement remains to be made, namely, that cholera is no protection against itself. A person who has had an attack is not proof against a repetition. A second, or even a third attack may follow. This fact has been especially noticed by Dr. BARTH, during the late epidemic in Paris.

Communications.

IDENTITY OF ORIGIN OF DIABETES, ALBUMINURIA, etc.

By GEO. J. ZIEGLER, M. D.,
Of Philadelphia.

In a recent number of THE REPORTER you give the essential points of a treatise, which Dr. ROUBAND lately submitted to the Paris Academy, respecting the "Identity of the Origin of Diabetes, Gravel, and Albuminuria," as if they were entirely novel and original with him. But such is not the case, for I long since advanced substantially the same ideas, in the first, more explicitly, of two articles respectively entitled "Anæmiosis, its Consequences, Prevention and Treatment," and "Hæmiosis, its Natural and Artificial Induction," published in the *Boston Med. and*

Surg. Jour., Vol. XLVI., No. 22, and Vol. XLIX., No. 4, nearly fourteen years ago. In this paper I distinctly pointed out the identity of etiological origin of these with other affections, and maintained that the abnormal production, or defective transformation of albumen, fat, sugar, etc., were not only the result of the same general cause, but immediately dependent upon a constitutional disorder, which consisted in a derangement of nutrition from a deficiency or mal-assimilation of the constituent elements of the atmosphere—oxygen and nitrogen, the particular abnormality being more or less directly connected with a special diathesis, which I designated accordingly. I affirmed, moreover, that albuminuria, glucosuria, gravel, etc., with the concomitant local lesions of certain organs, especially of the kidneys, were but sequelæ of the constitutional derangement, and the direct result of the disproportionate quantity and undue elimination of these substances.

In proof of this priority of thought and publication, I present the following extracts from the essays mentioned:

1st. "It having been already demonstrated that the primary condition (in tuberculosis) is dependent on the failure of some link in the great chain of organization or animalization, and that it is usually, if not generally, in consequence of the defective hæmatisic metamorphoses, and that the tuberculous development is a mere result of this primary derangement of a fundamental organic process, it remains now to extend the application of this principle to the elucidation of other obscure pathological points, and thus determine how far the same cause is active in the production of similar derangements.

"Strongly analogous to this condition of tuberculosis, are those states or diatheses, the effects of which are known as fatty degeneration, and when extensive, obesity; albuminous condition of the blood, with its excretion, as in albuminuria, or its deposition, giving rise to those anomalous renal affections and complications generally included under the denomination of BRIGHT'S disease; the excessive production and evolution of saccharine matter, as in diabetes, etc. Recent investigations not only of a physiological and pathological, but experimental character, fully demonstrate the truthfulness of this view. Yet to sustain it more definitely, I have only to refer to well known facts bearing on the subject, and the opinions and experiments of the most celebrated men engaged in the investigation of medical science.

"The consequences arising from the generation, retention and presence in the system, the conversion and deposition into various tissues, and the expulsion from the economy of the various principles above designated, are strikingly analogous in numerous respects. Thus when the lungs become inadequate to, or are impeded in the due performance of their function, the liver, having,

in consequence, an excess of duty to perform in eliminating the carbo-hydrogenous elements or materials, soon becomes incapable of the increased effort, or derangement more directly ensues, when its own structure is either modified, the general fatty tissue increased, or both are effected, besides the occasional induction of other more occult and ultimate changes. In the second, in consequence of the abortive animalization, the albumen does not become converted into true plasma. Hence it is necessarily thrown on such organs as the kidneys for removal from the body; and as long as they are capable of successfully performing this duty, it is discharged, and the vital equilibrium, so far as it is thus dependent, partially preserved. But after a time their excreting forces fail, or their vessels and tubes become infiltrated with this matter, when similar effects result from its presence, and the consequent irritation and degeneration induced, as follow and are effected in the lungs by tubercle, differing, of course, in their character according to the substance, tissue, organ and function implicated. In the last, BERNARD has shown that glucose is formed in the liver; and REYNOSO, that its presence in the urine may be caused by those agents which will moderate and check the respiratory function—presupposing, of course, in all of these aberrations, that the peculiar or specific diathesis is active, one being more predominant than another, according to controlling or modifying circumstances.

"Now I am convinced, from the evidence thus afforded, and the careful examination of facts and principles connected with this subject, that all of these conditions and adventitious materials—the first of which is known as Tuberculosis and its production tubercle; by analogy the second may be denominated Adiposis, the result of which is fatty conversion and degeneration; the third, Albuminosis, giving rise to albuminous evolution and its consequences; and the fourth, Glucosis, or the undue development, non-conversion and expulsion of sugar—are all dependent most generally and directly on one great cause, and that is inefficient oxygenation and nitrogenization of the blood and the materials about to form, and those resulting from it, or, in other words, defective hæmatisis. Hence this subject resolves self into the class Anæmatisis and its orders, thus:

Class. ANÆMATOSIS.

- Order i. Tuberculosis.
- " ii. Adiposis.
- " iii. Albuminosis.
- " iv. Glucosis.

"There are also other orders of this class, such as Toxicosis, etc., but they will not be specially noticed in this paper, particularly as the subject matter has been before alluded to in former publications.

"It is obvious that the failure or deficiency of this principal function, viz., respiration and the consequent defective hæmatisis, must necessarily produce derangement of all the other organs and functions of the economy, and if extended too far or continued too long, rapidly or gradually, directly or indirectly, prove destructive to life action. The result of a partial and gradual de-

privation of atmospheric air is generally, however, so slowly and obscurely manifested as to excite very little if any notice, whilst the phenomena and effects induced by its sudden and complete privation are so striking as to attract immediate and universal attention, and excite active efforts to avert its disastrous effects. Still, the effects of the former, though not so apparent, are nevertheless as certainly active, and the most primary aberrations are to be found in the derangement of the functions of the great nutritive and depurative organs as above indicated, viz., the stomach, lungs, liver, kidneys, etc. It requires but a very superficial examination of the functions of these organs, the latter especially, and the elements essential to them, to be able to trace the general effects resulting from the protracted partial privation of the stimulus and elements afforded by the atmospheric influences and constituents, and the metamorphoses induced by and through their agency. The immediate or ultimate effects of this deficiency or deprivation are too generally the modification, and often complete subversion, of the vital processes, and the development of adventitious matter and their consequences; of which we have before spoken."

2d. "The applications of the nitrous oxide to the derangements implicated or connected with the secretory apparatus, are, therefore, numerous and sufficiently apparent to render unnecessary a more particular reference to them. Still, in consequence of the great importance of the subject, and the firm belief that this agent and its analogues will always prove useful and positively curative in many conditions now not at all or but partially under remedial influence, I will briefly specify, in addition to former general allusions, some of them; and particularly such as are included in, and are related to the lithic diathesis in its most extended connections. Among these I will mention those of the uric, oxalic, lactic, phosphoric and hippuric acids, and the xanthic and cystic oxide diathesis, all of which, though more especially incidental to, or associated with the renal apparatus, are a consequence of deranged action in the general economy, and thus often a direct cause of further local and universal disturbance, as gout, rheumatism, etc. Those connected with other organs, as the concretions of the liver and gall-bladder, composed as they are, frequently and principally, of cholesterin, may also be mentioned; and, finally, those other analogous morbid matters and associations found in different parts of the body, and all of which, doubtlessly, immediately and primarily result from a deficient supply of the chemical elements of this agent, either one or both, as the case may be, necessary to the normal transformation and disintegration of the nutritive materials and tissues, and the ultimate evolution of the healthy excrementitious products of the economy."

Further evidence might be adduced if necessary, but the preceding will probably suffice.

It will thus be seen that I have not only long since anticipated Dr. ROUBAND's leading ideas, but also extended the subject far beyond his point of view, which fact may be made more clearly

apparent by the following postulates from the above.

I. That albuminuria, diabetes, lithiasis, etc., had, in the main, one common etiological origin.

II. That they were but local manifestations of a constitutional derangement.

III. That they were more or less directly dependent upon a constitutional predisposition or special diathesis.

IV. That the primary disorder was defective hæmatosis or deranged nutrition.

V. That the local lesions of the kidneys and other organs were but secondary affections or sequelæ.

VI. That the disproportionate production of albumen, fat, sugar, uric acid, etc., were the result of defective metamorphosis, from a deficiency or mal-assimilation of the constituent elements of the atmosphere—oxygen and nitrogen.

VII. That all such abnormalities were to be treated most rationally and successfully by a due supply of these essential elements in a state best adapted to promote their affinitive reactions with the components of the body and insure healthy transformation, depuration, and invigoration.

It may be proper to add in conclusion, that in directing attention to this subject I am not influenced merely by considerations of a personal nature, but also by a desire to invite thought in this direction, and present the claims of American medicine.

TRAUMATIC TETANUS INDUCED BY TOPICAL BLOOD-LETTING.

By W. W. MYERS, M. D.,

Of Pittsburgh, Pa.

Was called to see Thos. K., of Scott st., on the 3d of February, and found him in the following condition: Complained of great pain with tenderness of right hypochondrium, and occasionally of corresponding shoulder. The tongue was coated with dry yellow fur, a disagreeable taste was felt in the mouth, with frequent eructations, which were so bitter and acrid that even the lining of the pharynx was slightly excoriated. The skin was hot and dry; the conjunctiva tinged of the characteristic color, and the pulse hard and full, and frequent. There was no excretion, not even excepting the alvine evacuations. Bile was detected in the urine by the application of muriatic acid, which was concentrated by slow evaporation, when the addition of the acid struck the characteristic green color. From the above symptoms I felt convinced that the case was one of hyperæmia, and to confirm my diagnosis I placed my hand upon the right side

of the abdomen, and made the patient suddenly turn upon his belly, inclining toward the right side, when the enlarged organ communicated a distinct impulse to the hand. Feeling satisfied that the general circulation tended to keep up the state of congestion present, local bleeding was employed. Ordered half a dozen cups to be placed over the right hypochondrium, warm fomentations, and a purgative draught to be administered.

Upon returning to my office found a message awaiting me to visit my patient immediately. Ascertained that the moment the cups had been placed on, he fainted away, though no blood had as yet been drawn. Fomentations were employed to induce bleeding, purgative draught administered, with an opiate at bed-time.

Upon visiting him the next morning found the following complications present: The pulse soft and feeble, with the tongue dry and brown. Skin hot and covered with a copious perspiration. The eye had a wild expression, with the nostrils expanded and the corners of the mouth retracted. There was unusual aching and uneasiness in the muscles. Respiration was hurried and laborious, and the smallest quantity of fluid excited spasmodic symptoms in the œsophagus. Excruciating pain was felt about the throat, chest, and spine.

At this stage of the disease I felt that I had *traumatic tetanus* to contend with. Are we to attribute this complication to the active morbid congestion then existing, or to the effect of the bloodletting? Irritation may exist in a system without any other part participating in it; it depends then on the local organic movement only, and on the nutrition of the part. As soon as this irritation is increased to a certain degree, it is transmitted to other parts of the system, but without changing its nature. For the relief of the urgent symptoms present, the following was ordered—

R.	Tr. opii,	f.ʒiijss.	
	Ant. et potass. tart.,	gr. ij.	
	Tr. aconit. rad.,	f.ʒss.	
	Tr. asafetidæ,	f.ʒvj.	
	Gum camph.,	ʒij.	
	Aquæ,	f.ʒiv.	M.

of which a dessert-spoonful was taken every two hours. The following embrocation was rubbed on the spine corresponding to pharyngeal plexus, three times daily:

R.	Tr. aconit. rad.,	f.ʒij.	
	Chloroformum,	gtt. xx.	
	Morph. murias,	gr. xv.	
	Ung. simplex,	ʒj.	M.

An assistant was instructed in the administra-

tion of chloroform, and the moment the patient experienced a sensation of spasm, free inhalation was resorted to, instruction having been given to allow a free abundance of atmospheric air during its use. The patient improved from day to day, without change of treatment. He complained of right side, which was still enlarged and tender on pressure, for the relief of which brisk purgatives, alternated with a tonic and cordial, were used. Each morning a draught composed of

R. Ext. taraxaci, ʒss.
Aq. cinnamomi, f.ʒss. M.

was administered; and each evening one pill composed of

R. Pil. col. comp., gr. ij.
Pil hydrarg., gr. iij.

The patient used the nitro-muriatic acid foot-bath morning and evening.

Regard was paid to diet, etc., during his confinement; as he improved, a more generous one was substituted, with an allowance of wine. He was convalescent on Feb. 9th.

Medical Societies.

NEW YORK ACADEMY OF MEDICINE.

Discussion on Cholera.

At the meeting of the Academy, held March 21st, the discussion on cholera was continued.

Dr. HERZOG gave a lengthy synopsis of the labors of the Commission appointed by the Bavarian Government during the epidemic in 1854, and of which the most eminent physicians and scientific observers of the kingdom were members.

The results of their close investigations may be stated to be, that the spread of cholera is limited by human traffic and travel; but that the introduction of persons sick with cholera, into a community, is not sufficient alone to start the disease. A peculiar condition of the soil is absolutely necessary, in connection with the cholera dejections, to produce a fermentation by which the cholera poison is evolved. On dry, solid, compact rocky soil, the disease is never generated, though intercourse be ever so frequent with places where cholera prevails; but when the cholera fluids find a soft, muddy, easily permeable soil, the peculiar fermentation takes place, and the disease spreads. Dr. HERZOG showed a map accompanying the printed report of the Commission, which gives a complete cholera survey of the kingdom, and shows the prevalence of the epidemic at various localities, and in its variable intensity.

Dr. HUTCHINSON remarked that he had attended the meetings of the Academy in the hope of hearing the views of the Fellows regarding the treatment. He had seen the two epidemics of 1849 and 1854; the first in the Mississippi valley, the latter in New York. His most valued experience has been that cholera patients should be disturbed as little as possible. He had seen a number of instances in which the patients left to themselves went through the collapse, and reacted without any treatment, while in a number of other cases the same result followed with no treatment but ice and beef-tea.

For the purpose of arresting the vomiting he had found no treatment more successful than an emetic of mustard or common salt. Repeatedly he had noticed the patients, after the administration of these articles, to eject large quantities of undigested food, which had often remained in the stomach for twenty-four hours, and then the vomiting would subside. The treatment, it is true; does not succeed in every case, but still in a sufficiently large number to warrant its use, and he considered it better, from his experience, than opium, chloric ether, creasote, etc. After the emetic he generally gave small doses of calomel every two or three hours, when frequently bilious stools would appear and the patients recover.

For cramps, *forced extension* he considered the best remedy. He had resorted to anaesthesia, and the hot air-bath, but without much success.

He noticed that the patients who vomited and purged most freely generally did the best, unless the discharges were involuntary. This led him to believe that the vomiting and purging was, to a certain extent, an effort to rid the system of the *materies morbi*.

Opium he considered harmful. In five cases he had resorted to transfusion, or rather infusion of a saline solution into the veins. The effects were striking as far as the temporary revival of the patients from collapse was concerned; but ultimately they all died.

Dr. HERZOG mentioned that he had seen dozens and dozens of cases in which infusion was practiced, but not one recovered. He also stated, on a question of Dr. CLARK, that the Bavarian Commission recommended sulphate of copper and sulphate of iron as valuable and efficient disinfectants. They seem to have the power of arresting or modifying the chemical process which gives rise to the poison-producing fermentation.

Dr. HARRIS observed, that earlier in his practice, at the time when he first met Dr. VACHÉ, at

the quarantine hospital, he thought cholera never was contagious or infectious. But since then a mass of observations had been made which led him to consider the disease as in some way contagious or portable. The facts so observed he would be glad to lay before the Academy at some future time.

While at the quarantine hospitals he had seen some fourteen or fifteen local epidemics. His experience there did not cover quite so narrow a ground as Dr. PETTENKOFER's, regarding the manner of propagation of cholera. We certainly did learn that the first cases which occur at the commencement of an epidemic are generally the fatal ones, and that subsequent ones yield much more readily to treatment, when, as it has been expressed, the complement of deaths has been attained.

Dr. VACHÉ had lost 30 small-pox patients at the quarantine hospital from cholera, when the distance of communication between the small-pox hospital and the cholera wards was between 200 and 300 feet, when strict non-intercourse and isolation of the nurses, etc., was enforced, and the small-pox hospital being located 15 feet higher than the other. Infusion into the veins he had used in three successive cases, but they were all fatal.

Prof. HAMILTON mentioned that he had passed through two epidemics of 1849 and 1852. Opium and morphia had never been of any avail in his experience. He knew of two cases in collapse, which recovered under treatment with calomel (large doses) and emetics. But he also had seen recoveries under an entirely expectant plan. He remembered the case of a poor man in the deepest collapse, with no nurse or attendants, and no treatment but a pail of water beside his bed, who recovered. Quinine he had tried without effect. In one case, 50 grains were given; it produced no impression.

To one point he would call attention, the importance of changing the location of those who are exposed to the epidemic. During 1849, along a small village on the shore of the river, near the suspension bridge, situated on low ground, nothing was of avail in arresting its progress until the people were fairly driven out on higher ground; this done, the disease abated.

Dr. STILES stated that while on duty at the King's County Hospital in 1854, there was an epidemic of cholera there. The hospital contained from 400 to 500 patients, and the inmates of the poor-house and insane asylum in the immediate vicinity swelled the number of paupers to

about 1000 persons. In all these institutions large numbers were attacked, and the probable cause of the outbreak was a large lake within 200 or 300 yards from the building, containing the drainage from the hospital. It was observed that as the wind blew over this lake toward the buildings, cholera cases were more abundant and fatal.

Several times, on tying up the arm to practice injections into the veins, it was observed that the patients suddenly died. Hence, such a prejudice existed against the procedure, even among the patients, that it was not resorted to except in extreme cases, and as a last resort. In regard to internal medication in fully developed cases, there seemed to be an absolute indifference as to what medicines are given, because there is no absorption, the tide of the blood being toward the alimentary canal. One means, however, had in his experience been found very useful—friction along the veins in the direction of the venous current.

Another point he wished to refer to, the application of heat. All the patients where heat was applied, in his experience, even as low as 80° F., died. Some experiments, which he had made on the influence of temperature in sustaining life, were interesting in this connection. If young animals are drowned in water at 80, 100, or 115 degrees F., death will take place very soon, and the higher the temperature, the shorter the interval necessary for complete extinction of life, without possibility of restoration. But in water of 70° F., a young kitten may remain submerged a quarter of an hour, and when taken out, life can be restored. The power of resistance diminishes with the increase of temperature.

Dr. FOSTER had found opium decidedly injurious in his practice. Warm starch injections he had found very useful, if retained at least 15 or 20 minutes by keeping a towel over the anus.

M. BUSCHMANN, a member of the Berlin Scientific Academy, has presented the original manuscript of HUMBOLDT's "Cosmos" to the Emperor Napoleon. It consists of five ponderous volumes in quarto, containing the corrected sheets from which the first edition of the work was struck at Stuttgart. HUMBOLDT employed M. BUSCHMANN to write out the work from his rough notes. He read, corrected, and enlarged the text, so that each sheet is literally covered by the cramped writing of HUMBOLDT, which in many places is so illegible that M. BUSCHMANN was compelled to copy the whole for the printer's use. M. BUSCHMANN carefully preserved the originals of each copied page, and thus possessed the five manuscript volumes.

Reviews and Book Notices.

Stimulants and Narcotics. Their Mutual Relations: With Special Researches on the Action of Alcohol, Æther, and Chloroform on the Vital Organism. By FRANCIS E. ANSTIE, M. D., M. R. C. P., Assistant Physician to Westminster Hospital, Lecturer on Materia Medica and Therapeutics, etc. Philadelphia: Lindsay and Blakiston, 1865. 8vo., pp. 414.

We have here a really new medical book; containing novelty, both of thought and observation. Its aim is high; its purpose to destroy and reconstruct. The former task, in therapeutics, was perhaps not difficult; many old theories and dogmas have been falling to pieces of themselves, and other hands were engaged in throwing them down. But to reconstruct is a different thing. Dr. ANSTIE has, in this, succeeded no better and no worse than most others in the field. He has not a first, but a second-rate mind; and the work proposed will require a NEWTON or another century of time.

What is it that Dr. ANSTIE wishes to destroy? It is what he describes as the current theory of stimulation. One part of this was almost exploded already; we mean the idea that "every stimulation, in whatever degree, is followed by a corresponding degree of depression." Ten years ago, the writer of this notice made a direct attack upon the then usual dictum, in a review* of Prof. Wood's excellent and classical Treatise upon Therapeutics and Pharmacology. HEADLAND and others afterward urged valid objections against it; we may consider that Dr. ANSTIE has now finished it altogether. Thus, for example:

"The narcotic dose of alcohol is alone responsible for the symptoms of depressive reaction." "What depression is there, as an after consequence, of a teaspoonful of sal volatile swallowed by a person who feels somewhat faint? What recoil from the stimulus of heat applied in a hot bath, or of oxygen administered by MARSHALL HALL's process, to a half-drowned man? Absolutely none whatever." P. 147.

But he goes further; proposing (p. 150.)

"1. That the use of the word 'stimulant' be restricted to agents which, by their direct action, tend to rectify some deficient or too redundant natural action or tendency.

"2. That agents which produce excessive and morbid action of any kind in the organism be refused the name of stimulants, even though smaller doses of them may act in a truly stimulant manner.

"3. That the word 'overstimulation' be entirely rejected from use, as unphilosophical and a contradiction in terms."

And here he goes too far. For such terms deny that any organ of the body can be excited beyond its normal degree of action, that action being still normal in kind. He asserts thus (pp. 85—86) that opium, in the great majority of European constitutions, "produces nothing resembling mental excitement." What seems so, he ascribes to the "removal of controlling influences," allowing certain faculties to work more freely. Is this all? No. DE QUINCEY, who ought to know, describes opium as giving for the time a creative power. Dr. WOOD considers the whole mental nature, intellectual and moral, to have a temporary exaltation under its influence. Surely, although health is not improved by an unbalanced elevation of one function, it is possible to over-excite (over-stimulate) the brain by hashisch, the heart by coffee, the kidneys by ol. terebinth., etc.

Dr. ANSTIE is guilty of seizing upon a fallacy which he exposes, and just inverting it. Others, as he well shows, have made the mistake of concluding that because small doses of alcohol, ammonia, etc., excite, therefore the effects of large doses must be stimulant also; whereas such doses depress (oppress) in a mode resembling paralysis more than excitation. He then at once proceeds to argue backwards—that, whereas the effects of large narcotic doses are paralyzing and devitalizing, therefore those of small doses (except when something was wanting, of the nature of food,) must be paralyzing also, or at least cannot be properly called stimulant.

More safely, however, in some passages he states that, in the action of the so-called stimulant narcotics, "there is a radical difference, not merely one of degree, between the action of small and of large doses of the substances which can produce both effects." P. 233. So there is; but this work does not solve the question of the relation, whether it be connecting link or dividing septum between these radically different effects.

Narcosis, he says, is essentially severance of nervous communication. True stimulation he defines as the restoration of normal action by the supply of something deficient, or the rectification of something wrong. Certain problems, however, remain over, which his theory provides no good solution for.

Following INMAN and RADCLIFFE, he ranks pain with paralysis and convulsion, as the "reflex of impeded energy." How then, do "paralyzing" narcotics have to be given in larger and larger doses, if pain be very severe? How does it happen, moreover, that tolerance of large doses of opium or alcohol is established, if every such

* Philadelphia Medical Examiner, December, 1856.

dose has simply depressed vitality and severed nervous communication? Why does the opium-eater suffer dangerously when his "paralyzing narcotic" is withdrawn for a day? There is clearly something wanting here, which our author's special researches, able and careful as they are, have not succeeded in affording. HARLEY's observation that strychnia, hydrocyanic acid, ether, and large doses of quinia, all lower the rate of oxidation of the blood still does not explain the difficulties.

Practically, there is much value in Dr. ANSTIE's analysis of the clinical effects and uses of stimulation, and in his urgent statements in regard to the importance of *dosage*. A small dose of any excitant article may be a wholesome aid to functional or vital action, when a large dose of the same thing would be a poison. The *simplest* stimulants show this, as heat, electricity, oxygen.

Genuine effects of stimulation are classified by our author, as follows: (P. 112)

"I. Relief of pain. II. Removal of muscular spasm, tremor, or convulsion. III. Reduction of undue frequency of the circulation. IV. Reduction of excessive secretion. V. Removal of general debility, or of special fatigue of muscles, brain, or digestive organs. VI. Removal of delirium or maniacal excitement, and production of healthy sleep. VII. Support of the organism in the absence of ordinary food. VIII. Local increase of nutrition *where this is deficient*."

There is a great deal of interest, also, in his examination of the action of the different stimulating agencies available therapeutically. We have room only for the summary of them: (Page 113.)

"1. Quickly digested and nutritious food. 2. Opium, in doses of one or two grains; or morphia, in doses of a quarter to half a grain. 3. Carbonate and muriate of ammonia, in doses of five and ten grains respectively. 4. Alcohol, in doses just too small to produce flushing of the face or sweating of the brow. 5. Chloroform, inhaled (in the proportion of about two per cent. to the bulk of atmospheric air) for a short time; or taken internally, in doses of a few drops. 6. Certain fetid gum resins. 7. Many aromatic volatile oils. 8. The bitters, pure and aromatic. 9. Counter-irritation, as it is called; stimulation, as it should be termed, through the adjacent skin with mustard, turpentine, etc., or with blisters."

The importance of *food* in relieving pain is well dwelt upon. There is much in Dr. ANSTIE's discussion of these topics worth pondering; and his special experimental researches upon ether, alcohol, and chloroform are admirable. Every thoughtful physician will find profit in reading the whole book through attentively. This is the more agreeable, also, because of the excellent style in which it is issued by the publishers.

The Magazines.

Among our exchanges we receive a number of literary magazines. TICKNOR & FIELDS, of Boston, have laid the public, and particularly the professional public, under obligations by the richness and variety of their serial publications, which number four, viz., one quarterly, the *North-American Review*, two monthlies, the *Atlantic* and *Our Young Folks*, and one weekly *Every Saturday*. The *Atlantic Monthly* occupies the foremost rank among our monthlies for real literary worth, combined with vivacity of thought and diction. The number for April is rich and varied in its contents, and is, in every respect, a readable number. It contains fourteen articles in the departments of history, politics, poetry, and fiction. *Our Young Folks* for April, is an unusually good number. Our young folks would decidedly miss its monthly visits. We commend this magazine to the attention of all our readers having young people in their families. *Every Saturday* contains selections, and good ones too, from foreign magazine literature. . . . The *Nation*, published in New York, is the most sterling and valuable of our weekly newspapers. Its notes on current events, critical and political essays, notes of travel, and especially its financial review, are all of the first order of merit. . . . The *American Agriculturist*, published monthly in New York, is one of the best of our agricultural papers. It is particularly hard on quacks and humbugs of all kinds, exposing them without fear or favor. . . . *Hours at Home*, published monthly in New York, is a popular magazine of religious and useful literature, and possesses qualities of peculiar merit. Its papers in reference to the late rebellion and its historical papers are of especial value. . . . The *Sunday Magazine*, published in London, is an exceedingly interesting periodical. Some of the articles may perhaps be thought a little too heavy, but the high moral tone of all, and the attractive style of such as the "Annals of a Quiet Neighborhood" and "Cottage Poems," are sufficient to give it a high place as a family magazine. A sprightly corner for the children would make it yet more complete. . . . ARTHUR'S HOME MAGAZINE comes to us this month with even more than its usual attractions; "Petroleum," a sequel to "Whether it Paid," loses none of its interest as it progresses, and "Lay Sermons," with some of the shorter articles, are well worth reading by every one. . . . PETERSON'S MAGAZINE maintains its usual character for quiet interest. Its articles always have a good moral influence, and are often of a style equal to those of any other monthly. Such writers as Mrs. ANN S. STEVENS are always good. . . . Last, but by no means least before us, of our monthly exchanges, is our old friend, GODEY'S LADY'S BOOK. Always sprightly, interesting, and instructive, there is no other monthly that can so well give a new idea to the needle department, a new dish to the table, or a pleasant hour of light reading.

Medical and Surgical Reporter.

PHILADELPHIA, MARCH 31, 1866.

PUBLIC CHARITIES.

As a supplement to a recent article on the Insane Poor in Almshouses, and as suggestive of one of the means by which sanitary and other reforms in public charities may be promoted, we take occasion to notice the "Second Annual Report of the BOARD OF STATE CHARITIES" of Massachusetts, an octavo of nearly 500 pages, and containing a full account of all the public charities of that State, together with such recommendations and suggestions as their condition seems to demand.

This BOARD was called into existence by legislative enactment two years ago, and among its seven members are three physicians, Drs. S. G. HOWE, H. B. WHEELWRIGHT and NATHAN ALLEN. The report bears intrinsic evidence of the activity of the medical members of the Board. Its powers and duties are thus defined by the law: "To investigate and supervise the whole public charitable and correctional institutions of the Commonwealth, and to recommend such changes and additional provisions as they may deem necessary for their economical and efficient administration."

Without going into a discussion of the many interesting and important topics embraced in the report, we quote from it the following principles, which should govern the care and treatment of the dependent and vicious classes:

1. That if, by investing one dollar, we prevent an evil the correction of which would cost ten cents a year, we save four per cent.
2. That it is better to separate and diffuse the dependent classes than to congregate them.
3. That we ought to avail ourselves as much as possible of those remedial agencies which exist in society—the family, social influences, industrial occupations, and the like.
4. That we should enlist not only the greatest possible amount of popular sympathy, but the greatest number of individuals and families, in the care and treatment of the dependent.
5. That we should avail ourselves of responsible societies and organizations which aim to reform, support, or help any class of dependents; thus lessening the direct agency of the State, and enlarging that of the public themselves.
6. That we should build up public institutions only as the last resort.
7. That these should be kept as small as is consistent with wise economy, and arranged so as

to turn the strength and the faculties of the inmates to the best account.

8. That we should not restrain the inmates any longer than is manifestly necessary for their good, irrespective of their usefulness in the institution.

The action of the Legislature of Massachusetts in creating this Board was timely and wise, and might well be followed by other States.

MEDICAL AND SURGICAL HISTORY OF THE LATE WAR.*

V.

Interesting and important as are the *surgical* statistics given in the report of Surgeon OTIS, and astonishing as are the large figures from which, when the history shall be completed, we will be enabled to draw much more accurate deductions than from any previous collection of statistics, the preliminary report of Surgeon WOODWARD on the materials available for the *medical* history of the war opens a field yet more extensive and numerically gigantic.

"The matter collected," says Dr. WOODWARD, "is partly statistical, partly pathological. The first category embraces the medical statistics of the several armies and general hospitals. The second consists of a number of memoirs and reports by medical officers on the causes, symptoms, and treatment of the more important camp diseases, of numerous histories of cases and autopsies, of the fine series of medical and microscopical specimens in the Army Medical Museum, and the results of the pathological studies conducted under my direction on the basis of these collections."

The *medical* branch of the duties of an army surgeon, although popularly considered secondary, and placed in the background by the more imposing spectacle of flourished knives, really forms the essential groundwork upon which the efficiency of an army depends, as far as the efficiency of troops is influenced by their sanitary condition. This need not be told to any medical officer who has been in the army. Sanitary science and sound medical treatment, the former including not only proper location of camps, provision for cleanliness and ventilation of quarters, but the *proper alimentation* of troops, may render an army still efficient after it has been decimated by battle, while, if these points are neglected, an army of an hundred thousand men will be but a huge gigantic invalid. The importance of proper alimentation of troops in the field can

* Extracts from Circular No. 6. Dr. OTIS' and WOODWARD'S Reports.

never be over-rated by medical officers or commanders. It is the *first* great principle of success, which was well understood by the great CÆSAR. There is hardly a chapter in his Commentaries on the Gallic War, in which, describing an army movement about taking place, it is not preceded by the terse significant "*Re frumentaria provisæ*," in our common army phrase, "After grub had been provided for." CÆSAR never went ahead without *that*, and the result was that it was not often he had to go back.

From the statistics of the first two years it appears that the mortality from disease, not counting death among prisoners of war or discharged soldiers, was more than five times as great as the mortality of men of the same ages in civil life, and the diseases which produced most mortality were precisely those most under the control of hygienic means.

A popular error, that the medical statistics of the war are unreliable on account of inaccurately kept records of medical officers in the field, is properly disposed of by Dr. WOODWARD, and he remarks that the most conclusive answer to every objection of this kind is to be found in the character of the reports themselves, as they exist in the official files; they contain internal evidence of the care with which they were prepared, and, it is believed, will compare favorably with any other set of statistical papers in existence.

Mortality Rates.

The mortality of the armies of the United States from disease alone was 48.7 per 1000 of mean strength during the first year of the war, viz., the year ending June 30th, 1862, and 65.2 per 1000, during the second year, viz., that ending June 30th, 1863.

The total strength represented in the records during the first year is 299,936 men, among whom there were 15,183 deaths from disease.

The reports for the second year were less incomplete than those of the first. They represent an average mean strength in the field and in garrison of 598,821, and an average strength in hospital of 45,687. The total strength represented therefore is 644,508, among whom there were 42,010 deaths from disease. These figures are so large that it is to the last degree improbable that the reports of the comparatively small number of troops not represented would have made any perceptible change in the ratio, had it been possible to collect them.

The rates of mortality thus obtained are much smaller than is usual with armies in time of war. In the Mexican war, the annual mortality of our troops from disease alone was 103.8 per 1000.

For the British Army during the Crimean War according to the Parliamentary Report, the annual mortality from disease was 232 per 1000. Among the French it was probably greater.

The mortality of troops was different in the different regions in which the troops operated. For the purposes of comparison, Dr. WOODWARD divides the United States into three great regions, the Atlantic, the Central, and the Pacific. The exposures of the troops in each of these regions presented certain well-marked characteristics. In the Pacific region, the conditions approached those of peace. The troops were scattered in numerous small posts, and shared few of the active duties of war. In this region the mortality from disease was about 12 per 1000 of mean strength for the first year, and 8 for the second.

In the Atlantic and the Central regions, campaigns were conducted on a grand scale. In the Atlantic region were the several coast expeditions, the Army of the Potomac, and the great battles; in the Central, the expeditions on the Tennessee and Mississippi rivers, and conflicts like those of Shiloh and Stone river. One of the chief characteristics of the Central region would appear to have been the extent of territory over which the operations extended, and the consequent embarrassment in the transportation of supplies; in addition, the malarious miasms, under the influence of which the various malarious fevers are developed, are known to be more intense in the Central region than on the Atlantic slope. In the Atlantic region the rates were nearly 33 for the first year, and 41 for the second; in the Central region, 80 for the first year, and nearly 90 for the second.

RAPIDITY OF THE PROGRESS OF CHOLERA.

A noteworthy fact in the history of epidemic cholera is that it has never travelled with greater rapidity than *man can travel*. In India, says Prof. CLARK, its march of progress was about 21 miles a week, sometimes less. In Europe it averaged from 80 to 100 miles a week, which is just about in the rate of increased facility and rapidity of travel in Europe as compared with India. In its crossing of seas, the Atlantic for instance, it has travelled at a rate of about 300 or 400 miles a week, about the rapidity of the travel by vessels. During the late epidemic from Mecca to Alexandria, Ancona, Marseilles, Southampton, Paris, etc., it seems to have travelled with greater speed than formerly in Europe, owing, undoubtedly, to the increased facility and

rapidity of intercourse by the modern means of locomotion.

Whatever general terrestrial or atmospheric causes of cholera there may be, its progress and spread seems dependent upon special and personal contingencies, and so long as there is such high probability that the cholera poison or the special miasm which forms one of its factors may be carried by persons or baggage, we hold that a humane but strict and uniform system of quarantine is a necessity, and we call upon Congress to bless the nation with a good quarantine code.

SUMMER MEDICAL TEACHING.

Never before has summer medical teaching been so active in this city as at the present time. Lectures on specialties in medicine and surgery, with demonstrations and illustrations, and clinical instruction, by some of the most talented men in the profession, many of whom are experienced teachers, offer to the student and recent-graduate, as well as to those who desire to review their studies, unusual facilities for acquiring knowledge.

During the past few years, wonderful progress has been made in medical instruction, and the advantages to the student are constantly increasing.

By reference to our advertising columns, it will be seen that besides the special courses of instruction provided by the Faculties of the University of Pennsylvania and Jefferson Medical College, there is a very complete course by those experienced and popular teachers, Drs. HODGE, BOLLING, and HUTCHINSON, and others associated with them. Dr. SUTTON, Dr. COHEN, and we believe others still, whose names do not recur to us, are also engaged in giving special courses, and all, we believe, with excellent prospects.

This activity and thoroughness of medical teaching augurs well for our profession in the future, and we doubt not that, as in the past, so in the future, *progress* will be the watchword with all our medical schools. The continued advance of medical science necessitates activity in those who teach medicine, and we are glad to be able to record such an evident disposition to advance with the science.

TREATMENT OF RHEUMATIC FEVER.— "DO-NOTHING" TREATMENT.

We live decidedly in times of skepticism regarding the treatment of disease. Not only that every physician doubts the propriety of any mode of treating a particular disease essentially different from his own, but among a large class of medical men, comprising too, some of the best talent and

the highest eminence, this skepticism takes on a form condemnatory of all active medication. We all remember how Dr. HOLMES, some years ago, wished to throw "physic to the fishes." The "do-nothing" treatment, however, is no longer advocated upon purely theoretical grounds. It now claims its legitimacy from actually observed facts at the bedside, and entrenches itself behind those batteries of science,—statistics.

In the last volume of *Guy's Hospital Reports*, we are informed by the *British Medical Journal*, is contained a paper entitled, "Cases of Rheumatic Fever, treated, for the most part, by Mint Water." The cases were under the care of Dr. WM. GULL, and Dr. OWEN REES, and have been collected by Dr. H. G. SUTTON. With the exception of occasional small doses of opium, to allay pain, and in some instances, two or three ounces of brandy, no medication was resorted to, and the disease left to take its natural course, except so far as good nursing, rest in bed, keeping up the sweating, may be designated as elements of treatment.

The object of Dr. GULL was to get at the natural history of the disease, and his conclusions from some forty-one cases treated as indicated, are, that the ordinary treatment of acute rheumatism, *minus* drugs, is as efficacious as the ordinary treatment, *plus* drugs.

Dr. THOMAS K. CHAMBERS, referring to the *Guy's Reports*, communicates in a recent number of the *British Medical Journal* a letter, in which he gives the statistics of another metropolitan hospital, St. Mary's. It appears that between June, 1851, and Christmas, 1863, there were in the wards under his care at St. Mary's, 257 cases of rheumatic fever. Of these—(cases still remaining not being included)—

26 were treated with one drachm of nitre, three times a day.

174 were treated with bi-carbonate of potash, viz., 141 with one scruple, or more, every two hours;—33 with a less quantity.

32 were treated, during the first year, in various other ways.

25 (that is to say, all from May to Christmas, 1863,) had none of these supposed curative drugs; only a little opium when the pain was very severe, and a purgative when the bowels were more than usually costive.

No selection of cases was made, but each method was adopted in every case continuously.

Of the 26 treated with nitre, the mean stay in hospital was 40.0 days.

Of the 141 treated with one scruple bihourly

doses of bi-carbonate of potash, the mean stay in hospital was 34.3 days.

Of the 33 treated with less quantities of the potash, the mean stay in hospital was 40.0 days.

Of the 25 treated *without curative drugs*, the mean stay in hospital was 27.7 days.

Now what do these reports show? Simply that the best treatment has not yet been applied; not that "no treatment" is the best. Dr. PURSELL, in a letter to the same journal, calls attention to the treatment of the disease by generous diet and quinia, by which the severest forms of acute rheumatism may be led to convalescence, in a period varying from four to seven days. To judge from the effects which we have lately observed ourselves, from moderately large doses of quinia and iodide of potassium in several cases of acute rheumatism, it seems to us that there are modes of treatment which lead to much better results than leaving the disease to its natural course.

Notes and Comments.

The Insane Poor.

We are glad to learn that Miss DOROTHY L. DIX has resumed her special work of looking after the welfare of the Insane. During the war she has devoted herself to the care of the soldiers in the military hospitals.

She devotes this year to the States of New York, Pennsylvania, and Connecticut, and has just commenced a tour through the different counties of this State.

On the 23d, she visited the Insane Department of the Philadelphia Almshouse.

Death of Surgeon Lynde.

Dr. J. H. VAN DEMAN, of Chattanooga, Tenn., in a business note, says: "We mourn in this place the death, by accidental shooting, on Saturday night, February 10th, of Surgeon LYNDE, U. S. V., an officer, who had won for himself by his urbanity of manner, kindness of disposition, and skill in medicine and surgery, the friendship of all. He had lately been mustered out of service, and intended remaining at this point to practice his profession. 'Requiescat in pace!'"

Advertising Quack Medicines.

A correspondent in another column brings a very strong indictment against the *Ledger* of this city on the subject of advertising quack medicines. The fact is, that of late there has been so vast an improvement in that paper in this respect, that the advertisements he refers to were

entirely overlooked. The quackery that was particularly spoken of was that of astrologers, secret disease doctors, and villains of that stripe, beside whom such quacks as our correspondent quotes are saints. If the "principle" of the *Ledger* has its "perfect work," there are hosts of other quack advertisements that will be excluded.

More New Medical Journals.

This week *two* are added to our list of new medical journals. We have received two copies of "*The Medical Reporter*, a semi-monthly Record of Medicine and Surgery," published at St. Louis, Mo., at \$3 per annum, and edited by Drs. J. S. ALLEYNE, and O. F. POTTER. These numbers make a very favorable impression, and we feel sure that the *Reporter* will receive a hearty support from the profession of the West.

The initial number (for April) of the *Detroit Review of Medicine and Pharmacy*, is received. It is a monthly, of 48 pages, at \$3 per annum, edited by Drs. GEO. P. ANDREWS, SAMUEL P. DUFFIELD, and EDWARD W. JENKS. Very neatly got up, and full of interesting matter. Success to it.

BOOKS, ETC., RECEIVED.—*Diarrhœa and Cholera: Their Origin, Proximate Cause, and Cure, through the agency of the Nervous System, by means of Ice.* By JOHN CHAPMAN, M. D., etc. From Lippincott & Co. Notice preparing.

Catalogue of Alumni, Officers, and Fellows of the College of Physicians and Surgeons, Medical Department of Columbia College, in the city of New York, from 1807 to 1865. Pp. 98. From Dr. ELLSWORTH ELLIOTT.

We are happy to learn that the volume of Transactions of the American Medical Association for 1865, is ready for distribution, and will be sent to members immediately.

In our published list of graduates of the University of Pennsylvania, the name of Dr. A. P. RYALL, of Tennessee was omitted.

Important Order of General Grant Regarding Quarantine.

HEAD-QUARTERS OF THE ARMY, ADJ.-GEN. OFFICE, }
Washington, March 12, 1866. }

General Orders No. 15.—On the recommendation of the Surgeon-General, the Department Commanders of Virginia, North Carolina, South Carolina, Georgia, Florida, Alabama, Mississippi, Louisiana, and Texas, are instructed to cause—

First. All vessels at ports within their Departments, from ports infected with the cholera, but having had no case during their passage, to be quarantined for fifteen days, and thoroughly fumigated.

Second. All such vessels which have had cholera on board during the passage, to be quarantined for fifteen days after the termination of the last case, and thoroughly fumigated.

In carrying out this quarantine, the Department Commanders will consult and ask assistance from the officers of the Navy in their vicinity, and correspond direct with the Secretary of the Navy in reference to such assistance and cooperation.

By command of Lieut.-General GRANT.

E. D. TOWNSEND,
Assistant Adjutant-General.

Correspondence.

DOMESTIC.

Cholera; a Plea for the Liver.

EDITOR MEDICAL AND SURGICAL REPORTER:

I have been much interested in studying the various publications on cholera, with which the medical journals during the last few months have abounded, and in following the discussions of medical societies on the subject. Among much valuable information derived from these publications, there is, however, one in the last number of the REPORTER, which, I think, it would be unfair to correct pathology and physiology, were it allowed to remain unnoticed before the profession. I allude to the remarks of Dr. L. P. GEBHARD before the Philadelphia Co. Medical Society.

Dr. GEBHARD is too plain and emphatic in the statement of his views to be misunderstood, and his theory and practice of cholera may be condensed into these two short propositions:

1. That the liver is the organ mainly at fault in cholera, as evident from complete suppression of bile.

2. That because mercurials act specifically upon the liver, they are the true remedy indicated.

Now, sir, if there is any one particular organ in the human body which has been more slandered and maligned, to which all sorts of mischief has been more unwarrantably ascribed, than the liver, I am not acquainted with the organ. Whenever something goes wrong in the system which is obscure, the liver must be at fault, and forthwith it is subject to a sound (?) whipping with calomel, though it be as innocent as a babe. It is the scape-goat of pathology. I cannot hear this organ abused, without offering a word or two in its defence, if your space permit.

1. There is no evidence whatever, offered by pathological anatomy, that the liver is the organic

source et origo of cholera. It is not found in an unusually abnormal state. Prof. CLARK says, that in the majority of cases there is no excess of blood in the organ, nor any marked characteristic change.

2. That the secretion of bile is suppressed in cholera is not shown by established facts and recent investigations. PHÆBUS and KROMBOLZ have demonstrated by autopsies, as early as 1832, that in all stages of cholera there is to be found, after death, neither more or less bile, than in cases of death from other causes. (SÖBERNHEIM.) The gall-bladder in the greater number of cases is found full of bile. Why, if there is suppression, is it not empty, as the urinary bladder? Again, the chemical investigations of PARKES, SIMON, and others (Prof. CLARK), have shown that the evacuations of cholera do contain bile, only in a modified form.

3. Even if mercurials act specifically upon the liver, it is a matter of the gravest doubt whether they will do this during the first and urgent stages of cholera. This doubt is based upon the consideration that the absorption of food and medicinal articles during the purging and vomiting stage of cholera is brought to a minimum point. The most powerful nervines, whose absorption and action take place much more rapidly than that of calomel, have been given in cholera in tremendous doses without effect, showing that they are not absorbed.

4. The general recorded experience of the profession with the mercurial treatment of cholera in large doses, as advocated by Dr. GEBHARD, is adverse to its administration. It may have appeared successful in many instances, which probably would have recovered without any treatment, but those who have most extensively used it, have become dissatisfied with the results obtained.

5. There is a probability that large doses of calomel in the milder forms of cholera may sometimes act beneficially by their direct topical effect upon the intestinal mucous membrane. Those who have seen the effects of the application of dry calomel upon oedematous swellings of the throat and elsewhere, when the mucous membrane is erethic, hyperæmic, and injected, will have no doubt that the local effect of large doses of calomel upon the congested, hyperæmic, and oedematous surface of the intestinal mucous membrane in cholera, may be the same. Probably the cases Dr. GEBHARD quoted belong to this category, as there was in them neither purging nor vomiting, and the calomel had thus a better chance to

act directly upon the mucous membrane. But such cases are rare.

6. In conclusion, the well known effects of suppression of the biliary secretion, when such is known to exist, bear no analogy whatever to any of the phenomena observed in cholera.

CHARLES F. J. LEHLBACH, M. D.

Newark, N. J., March 13th, 1866.

Asiatic Cholera in India.

EDITOR MEDICAL AND SURGICAL REPORTER:

I think you are to be truly thanked and complimented for the very vigorous efforts you are making to fit the profession for a duty which, it seems so generally feared, is soon to be demanded of it. The matter which you are weekly collecting on the causes, conditions, and treatment of cholera must prove of incalculable benefit. I am sure your good work is appreciated.

In reading, this evening, the lecture in your last number, by Dr. ALONZO CLARK, and the interesting remarks of Drs. HAMILTON, BURNS, and other gentlemen on the subject, I have been reminded of a conversation had recently with a very observing and learned friend lately returned from India. He told me that in his own person he had twice suffered in that country from the genuine Asiatic cholera. And that, being engaged in his professional capacity, that of a mining engineer, during a severe epidemic, having many men under his direction, he had had the opportunity of seeing much of the disease. He said that they never seemed to expect the death of a cholera-patient, and that all were treated in one way—as follows:

There was always kept in readiness the following compound, which was administered in wine-glassful doses, each dose having added to it an equal quantity of water. If the first was rejected by the stomach, a second was given, and so on.

R.	Brandy, best French,	Oij.
	Laudanum,	oz. j.
	Peppermint, (horse,)	oz. j.
	Black pepper,	oz. iij. M.

This was kept in a bottle, placed in some warm situation, and shaken three or four times a day. The feet of the patient were kept hot, being enveloped in a cataplasm of garlic and mustard-seed oil, which had been stewed together until the garlic turned brown. Cramps and muscular contractions were treated with this same stimulating combination, aided by the most vigorous and continued friction. My friend assured me that in the stages of severest collapse he had seen this treatment act as if by miracle, and in both

instances of attack in his own case, nothing else had been done for him, and that the good effect was almost instantaneously felt.

Seeing that our medical friends all agree as to the necessity for decided stimulation, both internally and and by friction, I am induced to send this Indian treatment to you, premising that my informant is too intelligent and observing not to give an endorsement of value to it. If stimulation is in anywise specific, the indications would certainly seem to be met; if there was a show of a road for circulation, I should think the treatment might break up any reasonable, recent, passive congestion. At any rate, the knowledge of the combinations may be of service to some one, and may not prove unworthy of a corner in the REPORTER, viewing them simply in the light of adjuncts. Truly yours,

JAMES E. GARRETSON, M. D.

Philadelphia, March 23, 1866.

Advertising Quack Medicines.

EDITOR MEDICAL AND SURGICAL REPORTER:

In the REPORTER in its issue for December 30th, 1865, it is said, "There are two secular newspapers in the United States which from principle refuse all such (quack) advertisements, the *Ledger*, of Philadelphia, and the *Chicago Republican*." Seeing such a statement from one who is so generally correct, and so remarkably on the side of all that is praiseworthy, and "of good report," and thinking that it did not correspond with my views of the *Ledger*, I had the curiosity to look into that paper, at the same date with this number of the REPORTER. Here is what I found—nearly a column, in small type, of "Teeth Extracted without Pain," "Dr. Wishart's Pine Tree Tar Cordial" (can the REPORTER tell me the difference between this and "The White Pine Compound," which he condemns the *Independent* for advertising?), "White Wax Antillex," cures chapped hands and lips, etc.; "Barnett's Kalliston," remedies inflammation from sun-burns; "Itch, Tetter and all Skin Diseases," "Lippott's Great Remedy, never fails to cure;" "Gray Hair Restored without Dying, keeps the Scalp clean, cool and healthy;" "Montgomery's Infallible Hair Restorer;" "Japanese Hair Stain;" "Swain's Itch Ointment;" "Dr. J. S. Rose's Alterative, Great Blood Purifier;" "Dr. Dyott's Itch Ointment;" "Upham's Hair Dye;" "Dr. Ketser's Embrocation for Rheumatism;" "Dr. Zane's Antidote;" "Gayley's Almadine, for chapped hands, etc.;" "Delavan's Ointment for frost-bitten feet;" "Dr. Jayne's Expectorant;" "Needle's Plasters;" "Cox's Dyspepsia Pills, cure in all

cases;" "Jayne's Sanative Pills, for the Liver;" "Jules Nymph Soap, eradicates all Cutaneous Eruptions;" "Hasheesh Candy, strengthens the Lungs, and guards against all disease." Really, these are curious advertisements to be found in a newspaper that excludes all quack ones from principle; and they are all from one issue of the same day with the REPORTER! The editor of the REPORTER must have been greatly misinformed, or he has not read the paper. Turning to another date, I find several others of a similar character. I have not seen the *Chicago Republican*, and, therefore, cannot say what is in it. I have not quoted the above to find fault with the *Ledger*, but merely to set matters right with the public.

Might it not be well for the *Ledger* to take a little of Mrs. Winslow's *Soothing Syrup*, which is advertised in it to-day, January 18th, 1866, also, "Ayers' Pills," etc. Strange paper to exclude quack advertisements from principle!

MEDICUS.

Lime Treatment in Diphtheritic Complaints.

EDITOR MEDICAL AND SURGICAL REPORTER:

The case of croup reported in your journal of March 10, by Dr. GEIGER, of Dayton, Ohio, was clearly nothing but a case of spasmodic croup. The doctor's own statement of the causes and symptoms fully warrant such a diagnosis. The treatment and its results strengthen the same. He gave full doses of hive syrup. Vomiting followed, breathing was easier. Then he gave calomel, rhubarb, and veratrum viride. Of course the patient recovered. The treatment was just such as would cause the disease to yield. I have tried the lime inhalations in several cases of membranous croup, and in diphtheria. It is a good remedy, but by no means a specific for either disease. Within the past month I gave it a fair trial in a case of membranous croup, but my little patient died on the 7th day from the incipency of the attack. In another well marked case of membranous croup, treated three or four months ago, the patient, a boy nine years old, the remedy seemed to do good. Calomel, however, in three grain doses, was given every three hours until incipient ptyalism was induced, which occurred on the third day of treatment. Although I believe that in this case the vapor of lime softened the forming false membrane, and so far accomplished an important work, yet I have no doubt the calomel was equally efficient in preventing its further deposit.

In diphtheria, lime water used as a gargle is an excellent remedy.

I do not make these strictures for the sake of

criticism. No doubt Dr. GEIGER is candid in his statements. But I have so frequently employed new remedies for the treatment of grave diseases, with great confidence of success, which had been infused into me by a sanguine writer for some medical journal who made the recommendation, and have so often been disappointed as to results, that I have learned to receive all recommendations, which inkle of specifics, with caution.

Very Respectfully,

THAD. A. REAMY, M. D.

Zanesville, Ohio, March 15, 1866.

"Army Itch."

EDITOR MEDICAL AND SURGICAL REPORTER:

The description of this pest has been so admirably given by several in your journal, that we will not attempt to add anything more; but simply give the treatment which has never failed in our practice. By doing this, we may answer the questions which have been several times asked in the REPORTER.

Dr. WILSON states, in his article, that he could not effect a cure with sulphur ointment. Possibly we have had a long series of mild cases, although we had hundreds, yet, as we said before, we can recollect of no case which was not cured by the following formula, if used as directed, viz.

Aromatic Sulphur Ointment.

R. Potasse sub-carbonatis, ℥ss.
Aque roseæ, f. 3j.
Olei essentialis bergamot, f. 3ss.
Sulphuris sublimati,
Adipis, ℞ 3xx.

Misce. ft. ung.

Ellis' Med. Form. 1831.

First, we order a saline cathartic. After which, a good bath with warm water and soft soap, after this bath the above ointment is to be rubbed on the eruption every evening, and washed off in the morning with warm water and castile soap.

We at first gave, in addition to the above, some alterative internally, but meet with the same success without it, so we seldom use it.

S. K. & C. G. TREICHLER.

Jonestown, Pa., Feb. 27, 1866.

A Medical Law Proposed for this State.

EDITOR MEDICAL AND SURGICAL REPORTER:

I notice in the proceedings of our State Legislature, that the Hon. Mr. McAFEE introduced a bill before the house, March 1st, prohibiting physicians and surgeons from practicing unless they are graduates, or properly examined or qualified before State Commissioners; this is an excellent bill, one which should have been passed years ago.

How many hundreds of quacks are there in our State, under the name of doctors, who are not only doing an injury to the good name of the medical profession, but are, through their ignorance, destroying many valuable lives. Is it not time that a bill similar to the above be passed by our legislature, and a heavy fine imposed upon all who are practising medicine without being properly licensed. Let the profession go to work and send petitions to our legislature from every county in the State, in favor of the bill, and let these petitions be sent *immediately*. Should the bill become a law, it will be the means of driving out of our State a large number of mountebanks.

E. FRANCISCUS, M. D.

Milton, Pa., March 8th, 1866.

News and Miscellany.

Dr. Vœlcker on Disinfectants.

Dr. Vœlcker recently delivered a practical lecture to the members of the Royal Agricultural Society on the subject of disinfectants, of which we reprint a portion.

The professor stated that microscopic researches have proved that the contagious matter of cattle plague consists of minute and peculiar organic cells moving about rapidly, that these cells were found in the dung of diseased animals, and, it was believed, might be given off by lungs and skin, and thus, either from the droppings, or floating about in the atmosphere, and capable of being wafted some distance, were introduced into the blood of animals brought within range of their baneful influence. He divided the subject under three heads—viz.: 1. Various disinfectants recommended, their mode of action, and efficiency. 2. Application of same for particular purposes. 3. Means of prevention. He first explained the nature of a true disinfectant, and how incorrectly the term was often applied to agents that acted in a totally different manner. The term disinfectant should only be applied to those matters that can actually destroy the contagious matter, whereas it was often applied to substances which neutralize or destroy gaseous products of decomposition; thus, sulphate of iron removes sulphureted hydrogen from the air without destroying the animal matters, which, on decomposition, evolve this gas; whereas chlorine and nitrous acid completely break up or destroy decomposing matters, converting them into their ultimate gaseous products, which are comparatively harmless. The latter are true disinfectants, as well as deodorizers. Again, substances which retard or prevent putrefaction are antiseptics; thus, weak solutions of carbolic acid do not destroy, but arrest putrefaction.

As true disinfectants we may class chloride of lime, chlorine gas, sulphurous acid, nitrous and nitric acid, charcoal, quicklime, caustic alkalies, earth, manganates and permanganates, and the action of fire.

Chloride of lime, which is, perhaps, the most useful of the above, acts by yielding up oxygen, which destroys organic matters; 1 pound of chloride of lime to 3 gallons of water forms a proper solution for applying to droppings of cattle, washing down floors, walls, etc.; while 2 ounces of the same, with 1 gallon of water, is a suitable mixture for washing our hands, or sprinkling on the clothes of those engaged in attending on diseased animals.

Chlorine gas and sulphurous acid fumes are useful for disinfecting buildings. The latter is the easiest to apply, as the combustion of $\frac{1}{2}$ pound of flour of sulphur, in three or four little heaps on the floor, will produce abundance of sulphurous acid.

Nitric acid for the same purpose, obtained by mixing 4 ounces powdered nitre, 4 ounces oil of vitriol, and 2 ounces water in an earthen vessel, and heating over a brazier.

Nitrous acid is made by pouring $\frac{1}{2}$ pound of oil of vitriol on 2 or 3 ounces of copper shavings. All these produce disinfecting fumes.

Wood and peat charcoal are powerful disinfectants, as the condensed oxygen in the cells hastens decomposition and eats up organic matter, fresh supplies of oxygen being absorbed from the atmosphere and condensed; and thus the process continues. A small quantity of peat charcoal will destroy a large quantity of animal matter. This substance is very good to cover carcasses that are buried.

Porous earth acts as a true disinfectant.

Caustic soda and soda ash: the latter is better than lime, as it dissolves in water, readily enters porous materials, and removes impurities from the surface.

Condy's Fluid, a solution of manganate and permanganate of potash, is a good disinfectant, freely supplying oxygen; but it is not practically available by farmers. Fire and high-pressure steam destroy infectious poisons.

As simple deodorizers Dr. Vœlcker merely mentions perchloride of iron, in solution of 1 to 10 of water; sulphate of iron (green vitriol); sulphate and chloride of zinc, and nitrate of lead, in the same solution.

As antiseptics we have creasote and carbolic acid, derived from distillation of coal, and which is the most powerful and cheapest antiseptic that we have. This substance enters largely into the composition of a number of materials, as McDougall's Disinfectant, Cliff's Antiseptic Fluid, etc., which are just now offered to the public. Dr. Vœlcker next considers the application of disinfectants, according to the particular object:

1. For treating animal carcasses. 2. Disinfecting cowsheds, etc., where disease has been. 3. Manure. 4. Pastures. 5. Cattle trucks, barrows, stable tools, clothes, etc.

The manure may be sprinkled with solution of chlorate of lime before moving, then a good layer of quicklime when put in the barrow, and taken to a field, and made into a heap, consisting of alternate layers of soil, manure and lime: 5 cwt. of lime to each tun of manure. At the end of three months the heap may be turned and ingredients mixed, and after lying another month, Dr. Vœlcker considers it might be safely used.

The pastures which diseased cattle have inhabited should be left without stocking for some months, the clots knocked about, and 100 bushels per acre of quicklime applied.

Trucks, barrows, etc., cleaned thoroughly with soft soap and water, and then washed with a solution of chloride of lime.

Laborers and inspectors must also be disinfecting—the latter, it was suggested, might keep at each farm, where animals were diseased, a pair of pattens, and stomp about the sheds in these. The boots of attendants should be most carefully washed in the caustic soda, or else the men made to pass over a layer of fresh lime, and it strikes us as an excellent plan, if the entrance to the sheds and premises generally were daily strewn with a layer of quicklime.

Lastly, the question of prevention was slightly touched upon, rather to point out how very little we really knew about antiseptics, and how desirable some thoroughly exhaustive experiments would prove than to suggest anything. Perfect isolation was pointed out as all important; then the distinction of contagious matter. The use of carbolic acid in weak solution (1 to 100) to wash over the animal's body and sprinkle about, might, probably, be a wise precautionary measure, and could do no harm.

The most noticeable remarks in the discussion that followed were those of Colonel TALBOT, who related his experience in a dairy of over one hundred cows, at Sudbury, about six miles from London, which, till within a week, had escaped the plague. He had employed Burnett's Fluid, (chloride of zinc,) to sprinkle about, and wash the animal's body, and had also given internally, charcoal daily and nitre occasionally. Whether this treatment has been of any use he could not say, but up to the time stated no disease appeared. His treatment of the disease, which he could not trace to any contagion, was as follows: First, if the bowels were constipated, a mild aperient should be given, consisting of one and a half pounds of treacle, two or three ounces of salts, two table spoonfuls of sulphur, and a bottle of Day's Fluid; after some hours, a dose of warbena—a patent medicine of Dr. COLLIS BROWNE's, much resembling chlorodyne. If not cured in two days, he tried hydropathy, as recommended by Mr. GRAHAM, of Capeleie; and if this was unsuccessful, he applied external stimulants to the region of the abdomen. According to Col. TALBOT's account, the effects of the warbena had been most remarkable, as, although the disease only first appeared a week or ten days ago, several animals were considered to be recovered, and one was giving nineteen quarts of milk daily.—*London Field.*

Respiration and Signs of Life in a Five Months' Fetus.

Dr. J. W. TAYLOR reports, in the *Lancet*, the case of a living male fetus prematurely delivered about the fifth month of utero-gestation. It continued to breathe freely for at least an hour and a half, after which the inspirations became much shorter and at longer intervals. It gradually succumbed, after surviving about two hours. It measured about seven inches in length.

Coal in Missouri.

Coal underlies a large portion of Missouri. It has already been discovered in 30 counties. Beds of cannel coal, 45 feet thick, have been found. There are 160 square miles of coal in St. Louis county. The amount of coal in Cooper county has been estimated at 60,000,000 tons. Under every acre of Boone county there is supposed to be at least \$1000 worth of coal. The deposits in the vicinity of Booneville cover an area of 2000 square miles.

Upon the lowest estimate—which is more than 34,400,000,000 tons below the calculation of Professor SWALLOW—it would take, at 100,000 tons a day, more than 3000 years, of 300 working-days each, to exhaust the coal deposits of Missouri.

—The *Journal of Insanity* makes the suggestion, "in view of the peculiar affliction which has visited the honored head of the Government Hospital for the Insane at Washington, since the last meeting of the Association of Superintendents," that it would be proper to hold the next meeting at Baltimore or Philadelphia. The Association meets on Tuesday, April 24, 1866.

—HORACE R. WIRTZ, Surgeon and Brevet Lieutenant-Colonel, U. S. Army, late member of the (Regular) Army Board for the Examination of Candidates for the Medical Staff U. S. A., has been assigned to permanent duty at Fort Hamilton, New York Harbor.

—The Anthropological Society of England has resolved upon sending, at its own expense, a special commissioner to Jamaica, to investigate the race peculiarities which have been the ultimate causes of the late negro outbreak. Mr. PRITCHARD, late consul at the Fiji Islands, has accepted the appointment.

—MR. WILLIAM THOMAS BRANDE, chemist of the Royal Mint, died at Tunbridge Wells, England, recently, aged eighty years.

—DR. J. SOLIS COHEN commences his second course of lectures on Laryngoscopy, Rhinoscopy, and the Topical and Inhalatory Application of Nebulized Medicaments, at the Philadelphia School of Anatomy and Operative Surgery, College Avenue, (Chant street,) in this city, on the 2d of April. Fee for the course, \$10. Dr. COHEN's residence is 723 Brown street.

—DR. WM. A. GARDEN, Surgeon U. S. A., was brutally murdered recently at Brownsville, Texas. Dr. GARDEN had just been or was about being mustered out of the service. His murderer was a partially intoxicated soldier, and this was his third homicidal act since he had been in the service!

—The New Hampshire Insane Asylum at Concord will probably get about \$200,000 from the estate of the late Moody Kent, of Concord, the asylum being the residuary legatee.

—DR. A. D. HALL, of 1232 Arch st., this city, begins his second course of Ophthalmic Demonstrations on Monday, April 2d, 1866, at Wills' Hospital, at 4 o'clock in the afternoon. They will be continued bi-weekly, on Mondays and Fridays, at the same hour, until the first of July.

— Mr. GLADSTONE has announced in Parliament that a proposal will be made for erecting buildings on some of the land at South Kensington, for the reception of certain collections, (including the Zoological) of the British Museum.

— Captain POYNTON IVES, of Providence, R. I., has left bequests of \$50,000 to the Rhode Island Hospital, \$10,000 to the Providence Atheneum, and \$5,000 to the Providence Dispensary, all free from Government duties.

Army and Navy News.

ARMY.

ASSIGNED.—Brevet Major Dallas Bache, Assistant Surgeon U. S. Army, is hereby relieved from duty in the Middle Department, and ordered to report in person to the Commanding-General and Medical Director, Department of the Tennessee.

HONORABLY MUSTERED OUT OF SERVICE.—Surgeons Thomas Sim and Jacob Bockee, U. S. Volunteers.

Surgeons John D. Brumley and E. P. Morong, U. S. Volunteers.

Surgeon Wm. A. Conover, (brevet colonel,) U. S. Volunteers.

DISCHARGED.—Hospital Stewards Thomas J. Pearson, Charles Morris, and Charles H. Houpt, U. S. Army.

Hospital Stewards R. D. Wilcox, B. F. Ward, and W. G. Scott, U. S. Army.

MISCELLANEOUS.—A board of officers, to consist of Brevet Lieutenant-Colonels A. N. McLaren, and E. J. Bailey, Surgeons U. S. Army, and Brevet Captain Edward Cowles, Assistant Surgeon U. S. Army, is ordered to convene to examine and report whether the use of the public buildings at Galloups Island for sanitary purposes by the civil authorities of the city of Boston would endanger the health of the garrison at Fort Warren, Boston Harbor, Mass.

Assistant Surgeon Joseph H. Bailey, U. S. Army, (retired,) will report in person to the Surgeon-General of the Army.

The Medical Boards to convene at Philadelphia, New York, and Boston, will remain in session until all applicants have been examined.

The Medical Board at the Chelsea Naval Hospital, to meet on the 12th inst., will consist of Surgeon Edward Gilchrist as President, and Surgeons A. Schiever and S. F. Cous as members, the junior member acting as Recorder.

The order discharging Hospital Steward C. B. Stockton, U. S. Army, is hereby revoked, and he is ordered to duty in the Department of South Carolina.

AMERICAN MEDICAL ASSOCIATION.

To Competitors for the Prizes, 1866.

1. All communications with motto attached, and name with motto in sealed envelope, must be sent to the Chairman of the Committee, Dr. Austin Flint, No. 257 Fourth Avenue, New York city, on or before April 15, 1866.
2. If the authorship of an essay is declared to any member of the Committee, said essay shall not be considered in competition for the prizes.

NOTICE.

The Twentieth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane, will be held at Willard's Hotel, in the City of Washington, D. C. The Session will commence at 10 A. M. of Tuesday, April 24th, 1866.

JOHN CURWEN, M. D.,
Secretary.

PENNSYLVANIA STATE LUNATIC HOSPITAL,
Harrisburg, March 26th, 1866.

MARRIED.

BAUCH—CONNELL.—March 1, 1866, by Rev. T. P. Dysart, T. W. Bauch, M. D., and Miss Carrie Connell, step-daughter of Rev. Wm. Busick, all of Carlisle, Warren co., Iowa.

BLALOCK—GREENFIELD.—Dec. 10, 1865, Dr. N. G. Blalock, of Mt. Zion, Ill., and Miss Lizzie Greenfield, formerly of Rainesboro', Ohio.

HOWARD—MACLEOD.—On the 13th of February, by the Right Rev. T. H. Rutledge, at Lake Jackson, near Tallahassee, Florida, John Howard, Esq., of Richmond, Virginia, and Miss Mary C. MacLeod, daughter of Dr. J. D. MacLeod.

JACK—BRUCE.—In Blairsville, Pa., March 13, 1866, by Rev. D. W. Collins, Wm. Jack, M. D., and Miss Mary J. Bruce, both of Jacksonville, Indiana co., Pa.

DIED.

BARTON.—In Chicago, Ill., on Tuesday, March 13, aged 38 years, A. R. W. Barton, M. D.

DAVIS.—At Greenpoint, Brooklyn, E. D., on Sunday evening, March 18, of apoplexy, Job Davis, M. D., aged 44 years.

HELM.—In Springfield, Ill., on the 9th instant, at his residence, Dr. M. Helm, in the 65th year of his age.

HOOKE.—In East Cambridge, March 19, Mary Marshall, twin daughter of Dr. A. P. Hooker, aged 4 days.

KIRCHNER.—In Idaho City, on the 12th of January, Mary B., beloved wife of Dr. C. W. Kirchner, of Portland, Oregon, and daughter of Mrs. Mary Brooks, of Philadelphia.

OSBORN.—In New York, on Friday night, March 16, Ann Laughton, widow of Dr. Samuel Osborn.

TAYLOR.—In Manchester, near Richmond, Va., after a short illness, James Bledsoe, youngest son of the late Dr. Samuel Taylor, in the 12th year of his age.

THOMSON.—In New York, on Monday morning, March 19, Henry Van Dyck, only son of Dr. Wm. H. and C. S. V. D. Thomson, aged 4 years.

ANSWERS TO CORRESPONDENTS.

AG. We have received a letter from Aldeo, Ill., without signature, including money for books. Who shall we send the books to?

Subscriber, Philadelphia.—The Caoutchouc Bag of Herve's can be procured at Bullock and Crenshaw's. Price 75 cents.

Dr. H. C. A., Sylva, Mich.—We cannot find the Brahe sugar in this city.

Dr. W. T. P., Perryville, Ky.—We have had one of Wilson's Circulars sent you. Chapman's treatment is not new, but his mechanical appliances are. Though there is little doubt that the application of ice to the spine is often useful, in cholera and paralysis, we are not prepared to admit all his theories and deductions. His spinal ice-bag is used a great deal in public institutions and by private practitioners.

Dr. S. Y., Auburn, Me.—We cannot get the instrument you wish, and it seems to us that one so very exact is not necessary.

Flint's Practice of Medicine.—We will soon publish a review of Flint's Practice. The price in sheep is \$7, in cloth \$8.

Dr. M. W. H., West Earl, Pa.—Our own preference would be for Watson's Practice of Medicine.

Dr. J. B. L., Slippery Rock, Pa.—Bird on Urine, sent by Express, March 22d.

Dr. H. P. A., Fort Wayne, Ind.—Vaccinator sent by mail, March 22d.

METEOROLOGY.

March,	12,	13,	14,	15,	16,	17,	18.
Wind.....	S. W. C'd'y.	S. W. C'd'y.	N. W. and S. S. W. Clear.	S. W. C'd'y.	S. W. C'd'y.	N. W. Clear.	S. W. Clear.
Weather.....	Shower.	Clear.	Clear.	Clear.	Clear.	High Wind.	High Wind.
Depth Rain.....					5-10		
Thermometer.							
Minimum.....	34°	40°	40°	48°	50°	24°	13°
At 8 A. M.....	61	60	47	57	57	33	22
At 12 M.....	63	67	58	69	66	34	33
At 3 P. M.....	64	68	59	70	66	35	34
Mean.....	48.	58.75	51.	61.	54.75	39.	25.50
Barometer.							
At 12 M.....	30.2	30.3	30.4	30.	29.7	29.9	30.1
Germanstown, Pa.				B. J. LEBRON.			